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CONFIRMATION NO. 4720

<b>SERIAL NUMBER</b> 10/672,071	<b>FILING OR 371(c) DATE</b> 09/25/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> HTEC-003/01US
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/413,505 09/25/2002 and is a CIP of 10/128,105 04/23/2002 PAT 6,645,158  
 which is a CON of 09/601,589 09/19/2000 PAT 6,402,698  
 which is a 371 of PCT/US99/02448 02/05/1999  
 which claims benefit of 60/073,812 02/05/1998  
 and claims benefit of 60/104,983 10/20/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
 \*\* 12/29/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> CO	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 7
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**ADDRESS**  
23419

**TITLE**  
Apparatus and method for determining a respiratory quotient

<b>FILING FEE RECEIVED</b> 734	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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